

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10 75 75.11  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3		2 ✓				
4		2 ✓				
5		2 ✓				
6		2 ✓				
7		2 ✓				
8		2 ✓				
9		2 ✓				
10	1					
11	1					
12		2 ✓				
13		2 ✓				
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50						
TOTAL IND.	4					
TOTAL DEP.	28					
TOTAL CLAIMS	32					

	IND	DEP	IND	DEP	IND	DEP
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